

FILED NOV 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. **40288**

333

3074

Registrar's No. **171**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 171		
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (in this place) 45 years		c. CITY OR TOWN Sikeston		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital				e. STREET ADDRESS (If rural, give location) 307 Dorothy St.				
3. NAME OF DECEASED (Type or Print) a. (First) Flimnea b. (Middle) J. c. (Last) Mitchell			4. DATE OF DEATH (Month) 10 (Day) 29 (Year) 1956					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-25-1886		
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY 0		11. BIRTHPLACE (City and State or Foreign Country) Clinton, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME 0			13b. MOTHER'S MAIDEN NAME 0			14. NAME OF HUSBAND OR WIFE W. D. Mitchell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) 0			16. SOCIAL SECURITY NO. 0		17. INFORMANT'S SIGNATURE OR NAME Mrs. Betty Crowe, Sikeston, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glomerulonephritis</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Supercardial Insufficiency</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unrelieved edema</p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>1 year</p> <p>1 year</p> <p>1 year</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 593x					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 1, 1954 , to 10-29, 1956 , that I last saw the deceased alive on 10-29, 1956 , and that death occurred at 6:00 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Sharon E. McClure				23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 11-5-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/1/1956		24c. NAME OF CEMETERY OR CREMATORY Garden of Memories		24d. LOCATION (City, town, or county) (State) Sikeston, Missouri		
DATE REC'D BY LOCAL REG. 11-6-56		REGISTRAR'S SIGNATURE Mrs. Olla Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Mc Mickle Funeral Home E. Prairie, Mo.		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

429

DATE RECEIVED NOV 13 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1156-240

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Elgin M... ..*
Licensed Embalmer No. 4695

P. O. Address *E. Prairie...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.